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Abstract 702

TITLE: An Examination of Life Priorities, Sexual Risk Behaviors and Adherence to HIV Medication Regimens among HIV-Positive Male and Female Injection Drug Users **AUTHORS:** Thomas-Cottingham, A*; Borkowski, T*; Wilton, L***; Bula, E**; Krauss, B**; Parsons, J* SUDIS Team

OBJECTIVES: Life priorities of HIV-positive male and female injection drug users (IDUs) were examined to determine how the placement of HIV as a life priority influences sexual risk behaviors and adherence to HIV medication regimens. The examination of these factors will be used to facilitate the development of successful HIV risk -reduction programs.

METHODS: A sample of 135 (76 males; 59 females) sexually active HIV -positive IDUs from the New York Metropolitan Area and the San Francisco Bay Area was obtained through active and passive means of recruitment for the Seropositive Urban Drug Injectors Study (SUDIS). Matched qualitative interviews and quantitative surveys which addressed a variety of issues including: sexual behaviors, drug use, adherence to HIV medication regimens and life priorities were administered.

RESULTS: Preliminary analyses of those who ranked HIV as either the most or least important life priority indicates that 50 percent of the subset ranked HIV as the most important, number one life priority, while 20 percent of the subset ranked HIV as the least important, number eight life priority. Other priorities which were ranked includes safety from violence; housing; transportation; being able to work; having money; food; and childcare. Those who ranked HIV as the most important priority were no more likely to adhere to HIV regimens when compared to those who ranked HIV as the least important life priority. Unprotected sex was reported for main partners, casual partners, and paying sex partners. Participants who ranked H IV as the least important life priority were no more likely to engage in risky sexual behaviors with casual or paying partners, but 2 1% of those who ranked HIV as the least important life priority engaged in unprotected vaginal or anal sex with a main part ner of unknown or negative status as compared to 6% of those who ranked HIV as the most important life priority.

CONCLUSIONS: The results on life priorities suggest that this may be an important area to examine when developing interventions for safer sex behaviors and adherence to HIV medications among HIV-positive intravenous drug users.

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